Fill	in this information to ident	tifv vour ca	se:										
		y L McCa											
	otor 2						_						
Uni	ted States Bankruptcy Co	urt for the:	EASTERN DISTRICT	OF MISSO	URI								
	se number 23-42044	4							ck if this is				
(11 10										ent showin	g postpetition ollowing date:	chapter	
0	fficial Form 106	<u> </u>							MM / DD/ `	YYYY			
S	chedule I: You	ır Inco	ome									12/15	
spo atta	plying correct information use. If you are separated that a separate sheet to the separate sheet to the separate sheet to the separate sheet she	d and your nis form. C	spouse is not filing wi	th you, do	not include	inforr	natio	n abou	ıt your sp	ouse. If m	ore space is	needed,	
1.	Fill in your employment information.			Debtor 1					Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	■ Employed				☐ Employed					
				☐ Not employed				☐ Not employed					
	Include part-time, seaso	nal or	Occupation	Office I	<i>l</i> lanager								
	self-employed work.	mai, oi	Employer's name	Rotome	etrics								
	Occupation may include or homemaker, if it appli		Employer's address		werton Lan MO 63025	е							
			How long employed the	nere?	0 Years, 2	Mon	ths						
<b>Esti</b> spou	mate monthly income as use unless you are separa u or your non-filing spouse e space, attach a separate	s of the da ited. e have mo	te you file this form. If y					yers fo	r that perso	on on the li	nes below. If	J	
								For De	ebtor 1		btor 2 or ing spouse		
2.	, 0	•	y, and commissions (be alculate what the month)		, -	2.	\$	;	3,696.12	\$	N/A		
3.	Estimate and list mont	hly overti	me pay.			3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Incom	e. Add lin	e 2 + line 3.			4.	\$	3,6	696.12	\$	N/A		

Deb	Debtor 1 Mary L McCain			Cas	se number (if known)	23-420	044
				F	or Debtor 1		ebtor 2 or iling spouse
	Сор	y line 4 here	4.	\$	3,696.12	\$	N/A
5.	l ist	all payroll deductions:					
٥.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	393.75	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	0.00	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	_ 5h	+ \$	0.00	+ \$	N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	393.75	\$	N/A
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,302.37	\$	N/A
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income.	90	¢	0.00	¢	N/A
	0h	monthly net income. Interest and dividends	8a. 8b.	\$	0.00	\$	N/A
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	OD.	Φ.	0.00	Φ	N/A
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	500.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0.00	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	500.00	\$	N/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	i	3,802.37 + \$		N/A = \$ 3,802.3
11.	Inclu othe Do r	e all other regular contributions to the expenses that you list in Schedule are contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a	deper		•		
	Spe	cify:					11. +\$ <b>0.0</b>
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$ <b>3,802.3</b>
13.	Do y	ou expect an increase or decrease within the year after you file this form No.	?				Combined monthly income

Yes. Explain:

Fill	in this information to identify your case:				
Deb	otor 1 Mary L McCain		Check	c if this is:	
				An amended filing	
	ouse, if filing)			A supplement show 3 expenses as of t	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF MISSO	<u></u>	MM / DD / YYYY		
	nown) 23-42044				
O.	fficial Form 106J				
S	chedule J: Your Expenses				12/15
Be info	as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?  ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate Housel	<i>hold</i> of Debto	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Son		4	□ No ■ Yes
					□ No
		Daughter		6	Yes
					□ No
					□Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No ☐ Yes				Li Tes
Est	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date.				
the	lude expenses paid for with non-cash government assistance in value of such assistance and have included it on Schedule I: Yeficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		660.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
_	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	5. \$		0.00

ebtor 1	Mary L McCain	Case num	ber (if known)	23-42044
Utilit				
6a.	Electricity, heat, natural gas	6a.		300.00
6b.	Water, sewer, garbage collection	6b.	\$	100.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	50.00
6d.	Other. Specify: Charter	6d.	\$	50.00
Food	l and housekeeping supplies	7.	\$	800.00
Child	Icare and children's education costs	8.	\$	800.00
Cloth	ning, laundry, and dry cleaning	9.	\$	100.00
Pers	onal care products and services	10.	\$	60.00
	cal and dental expenses	11.	·	50.00
	sportation. Include gas, maintenance, bus or train fare.		<u> </u>	
	ot include car payments.	12.	\$	175.00
Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	60.00
	itable contributions and religious donations	14.	\$	0.00
	rance.		·	0.00
	of include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	\$	0.00
	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Spec	ify:	16.	\$	0.00
	Illment or lease payments:	170	Φ	0.00
	Car payments for Vehicle 1	17a.		0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report a		Φ	0.00
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I)	) <b>.</b> 18.	\$	
	r payments you make to support others who do not live with you.		\$	0.00
Spec	·	19.		
	r real property expenses not included in lines 4 or 5 of this form or on Sci			
	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	r: Specify: Pets	21.	+\$	100.00
Dan	· · ·		+\$	100.00
Hair			+\$	40.00
Пан	Cuts		-Ψ	40.00
Calc	ulate your monthly expenses			
22a.	Add lines 4 through 21.		\$	3,445.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	2,11010
	Add line 22a and 22b. The result is your monthly expenses.		\$	3,445.00
Calc	ulate your monthly not income			
	ulate your monthly net income.	00-	¢.	2 000 07
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		3,802.37
∠3D.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,445.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	357.37
For exmodifi				ase or decrease because of a
☐ Ye	es. Explain here:			

page 2